BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3	July 5,1927	Peritonitis	3 days ago
WREAU V. S	1		•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH 000 jo should County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. If of foreign birth?_____yrs.____mos.___ statement (a) Residence: No If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) classified 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of CERTIFY. That I attended daceased from 4 EX 1850 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months If LESS than Davs to have occurred on the date stated above, at, 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ THIS CCUPATION back may 9. Industry or business in which AGE should work was done, as SILK MILL, SAW MILL, BANK, etc..... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation _ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER I3. NAME See 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis?. MOTHER very important. 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country) Whera did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation TION Nature of injury 19. UNDERTAKER (Address) If so, specify

24. Was disease or injury in any way related to occupation of deceased? (Signed) Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Dav)

(Year)

Date of onset

Was there an autopsy?_

Date of injury

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Titter toacter outs	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis HOV 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	445
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

. Every item of infor-

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(3)</u>
County Text	Registration Dist. No. 202
Village or City & histortown	No.' Calvert St., Ward
	(If death occurred in a hospital or institution, give its NAIVE, instead of street and number)
Length of rasidence in city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Andrew Cann	If U. S. Veteran, specify WAR
(a) Residence: No. Calvert	St. Ward.
(Usual place of abode)	If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Masseud	
5a. If married, widowed, or divorced HUSBAND of Elizabeth Carry	22. HEREBY CERTIFY, That I attanded deceased from 1936, to Off 6 1936
6. DATE OF BIRTH (month, day, and year) 186/ www.	I last saw har alive on Oct 5 1936; death is said
7. AGE Years Months Days If LESS than	
75 Juknown or or min.	THE PRINCIPAL CAUSE OF DEATH and letated causes of importance
9 Trade profession or particular	were as follows. home myscordilis Date of onset
8. Trade, profession, or particular hind of work dona, as SPINNER, Labor SAWYER, BOOKKEPER, etc.	and shrowing Intertital 3 yrs
SAWYER, BOOKKEEPER, etc. 9. ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in the spent in this spent in this s	nephriti
SAW MILL, BANK, etc	····
10. Date deceased last worked at this occupation (month and 1932 spent in this occupation)	
12. BIRTHPLACE (city or town) Chestertown	Other Contributory Causes of Importance:
(Stata or country)	
14. BIRTHPLACE (city or town) user anne Co	
14. BIRTHPLACE (city or town) ween anne Co	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME mary Wilson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Wilson 16. BIRTHPLACE (city or town) Pomona	Accident, suicide, or homicida? Date of injury19
(State or country)	Where dld injury occur?
17. INFORMANT Beatrie to huson (Address) le hesterlotte Ata	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cheste clown Date Cet 9, 19.5	
19. UNDERTAKER CAR Cruster The Livery	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Les les longe m	If so, specify
10-18 3V 26-1 1V	(Signed) Dr. Ifm. I hehmond M.D.

Registrar.

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To be complete, an occupation return must state:

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	and b			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	
			1/2	

should state

OCCUPA-

of

Exact statement

properly classified.

it may

CAUSE OF DEATH in plain terms, so that

should

-WRITE mation

N. B.

V. S. No. 1

TION is very important.

(Address)

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

See instructions on back

certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10469
County Kent	Registration Dist. No. 203
Village or City Rock # all	No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Supplies the second of the seco	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Rosk + all	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
fee Wh. OR DIVORCED (agrice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of armer R. Coleman	22. I HEREBY CERTIFY, That I attended deceased from Will 10 1936 to Oct 25 1936
B. DATE OF BIRTH (month, day, and year) Qet: 16/858	I last saw her aliva on O. 1.3 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at //m. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trada profession or particular	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL.	Eurpyena of Julibladdes 4/10/36
SAW MILL, BANK, etc. 111, Total time (years)	Jellstones
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) to challes Con India	down Endo- hyveurditis
13. NAME Sethe Golfely	
4 14. BIRTHPLACE (city or town)	Name of operation Chelleys Fotonic; Date of Gill 1736
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Sophia Godfrey	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
17, INFORMANT Elsie Glenn	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Nature of injury

If so, specify

(Signed)

(Address) _____

24. Was disease or injury in any way related to occupation of deceased:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S		-\$	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

M)	hould state OCCUPA-	-
	YSICIANS statement of	
IG Y	ENT RECC TLY. PH' ed. Exact	Contract of the last of the la
R BINDIN	A PERMAN ed EXAC' oerly classifi ficate.	
RVED FO	ould be stat may be prop	
HIN RESE	ADING INK d. AGE sh s, so that it ructions on l	
MARG	WITH UNF- fully supplie n plain terms nt. See inst	The second second second
MARGIN RESERVED FOR BINDING	—WRITE PLAIN Y, WITH UNFADING INK—THIS IS A PERMANENT RECOLD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
S. No. 1	B.—WRITE PLAIN Y, WITH UNFADING INK—THIS IS A PERMANENT RECO. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

SIAIL OF MAKILAND	CERTIFICATE OF BEATT
1. PLACE OF DEATH	(119)
County	Registration Dist. No. 200
	NDSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	.Z. ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Thomas Crowing Dusen	If U. S. Veteran, specify WAR
(a) Residence: No. Qull. (Usuarplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writische word)	21. DATE OF DEATH Oct 7 (193 6 (Month) (Day) (Year)
5e. If merriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	1 HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) an 9=1936	I last saw have alive on Ol. 6, 104; daath is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at 4 0 · m.
9 1 Q I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated couses of importanca
8, Trede, profassion, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cents Enter bath 19113
No. Date decased last workad at this occupation (month and spant in this	
10. Date decaased last workad at this occupation (month and yeer) 11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) fole and	Other Contributory Causes of importance:
(Stete or country)	
13. NAME Charles Peisen	
14. BIRTHPLACE (city or town) Par	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Bethe Shahan	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Buthe Shahan 16. BIRTHPLACE (city or town) DRL (State or country)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Pary Charles Deisen (Addrass) Gott and	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CATO Date Octio 1936	Mannar of injury
19. UNDERTAKER & Sustriction of DES	24. Was disaase or injury in eny way related to occupation of deceased?
20. FILED 19/9 , 1974 Inc. Registrar.	(Signed) Munitallander M. E. (Addrass) Mallander Ran

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MOV	July 5,1927	Peritonitis	3 days ago	
MIREAU V. S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(13)	0 10
County Seuf	·- y	Registration Dist. No.	203
Village or City		No	St.,War
Length of residence in city or town where deat		f death occurred in a horpital or institution, give its NAME instead of the control of the contr	
	1 0.11		
2. FULL NAME James	y v noon	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city	or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF D	
The state of the s	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1 193 6
5a. if married, widowed, or divorced	sugle	(Month) (Day	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That	I attended deceased fro
(0) 111 2 01		, 19, to	19
6. DATE OF BIRTH (month, day, and year)	ul. 19. 1855	I lest saw h. Malive on we see atten	death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
81 56	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of impo	ortance
Trade, profession, or particular	7 01	were as follows:	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	eleman	Famul food in his	
		After 2 days at sin	le_
SAW MILL, BANK, etc			
10. Date deceased last worked at this occupetion (month end 1938	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) Chesles	laura	Other Contributory Chases of Importence:	
(State or country)	nd	Melsherites	1435
13. NAME Kong Da	ble		
14. BIRTHPLACE (city or town) - Church	ulan	Neme of operation	Date of
(State or country)	221		
15. MAIDEN NAME Janes	lieden	What test confirmed diagnosis? Wa	
1 Sales	2 100	23. If death wes due to externel ceuses (VIOLENCE) fill in also t	10.0
16. BIRTHPLACE (city or town) (State or country)	Sa I	Accident, suicide, or homicide? Date of in	jury, 19
2 2/	DI	Where did injury occur? (Specify city or town, cou	inty and State)
(Address)	/ Lodney	(Specify city or town, cor Specify whether injury occurred in INDUSTRY, in HOME, or In	PUBLIC PLACE.
(Address)	all m	Manage of talling	
	Date (DOY: 16, 19.36	Manner of injury	
7//	10 11	Neture of injury	
19. UNDERTAKER MANY	own me	24. Was disease or injury in any way related to occupation of di	eceased?
201.	1 1 1	na (Signed) such fill will	1/2

S. No. 1

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT'S

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	•	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Auly 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Puly 5, 1927 Peritonitis Other contributory causes of importance:

B.—WRITE PLAD

V. S. No. 1

STATE OF	MADVI	AND-CERTIFICATE	OF	DEATH
SIAIL OF	MAKIL	AND CENTILICATE	OI	DLAII

1. PLACE OF DEATH	(46-8)
County Kent	Registration Dist. No. 243
Village or Pitylean Rock Hall	NoSt,Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Ida Strang France	
(a) Residence: No. Quitsided Perck &	Ya St. 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH CT PO 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of John H. Grant.	22. HEREBY CERTIFY That I attended deceased from 1936
6. DATE OF BIRTH (month, day, and year) May 14 1860	I last saw here alive on Sot-6, 19.3 6; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date statad above, atm.
76 4 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data olonset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Ceremons of Lines 1000
9. Industry or business in which	736:
work was dona, as SILK MILL House orock	
10. Data deceased last worked at this occupation (month and 9 9 occupation (cupation coupation)	
12. BIRTHPLACE (city or town) Baltimore (State or country)	Other Contributory Causes of Importance:
13. NAME Genjamme to Hopkins	
14. BIRTHPLACE (off or town) Baltymene	Name of operation Date of
(State of Country)	What tast confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Clisa J. Danley 16. BIRTHPLACE (city or town) Blackburger	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Dally (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Stang The Grant (Address) 17 week & It that	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place IV alasmy Barbate Qct 10, 193 &	Nature of injury
19. UNDERTAKER II Janes Hay Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) Church Hill Ind.	If so, specify
20. FILED John, 1936 Mass. Jolo Davidury Registrary	(Signad) M. D. (Address) Medicular M. D.

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To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Q E 1,1928	Other contributory causes of importance:	1 year
	77		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

That I attended deceased from

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iple I		Example II	
	11	The principal cause of death and related causes of importance were as follows:	Date of onset
FIVED	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
10V 3 1936	July 5, 1927	Peritonitis	3 days ago
	الا		
importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	•	and related causes Date of onset 1915 1921 1921 1925 1927 1927 1927 1927	and related causes Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARTEAND CERTIFICATE OF DEA	STATE OF MARYLAN	D-CERTIFICATE OF	DEATH
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-4	18	-10	0.00	4
- 8	61	4	1	4
15	V	-25	- 6	A

1. PLACE OF DEATH	(根) タカタ
County String County	Registration Dist. No.
Village or City Mushalum Ind.	ND. St., Ward
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jung Harman	If U. S. Veteran, specify WAR
(a) Residence: No. Court St. Chretulium	mdst. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write fine word)	21. DATE OF DEATH
t W. Sugle	(Month) (Dey) (Year)
5e: If married, widowed, or divorced HUSBANO of	22. / OI HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Sen 1 1936 to Och 95 1938
6. DATE OF BIRTH (month, dey, and year) Feb. 22 1899	I last saw h_en_ alive on 10 - 18
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated ebove, at 4 9 m.
37 8 4 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Caramona of llesse
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	V
U 10. Dete deceesed lest worked et 11. Total time (years)	
o this occupation (month and 1935 spent in this year)	
10 DIDTUDI ACT (city or town) Yaling	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Safting (Stete or country) Kint Ku, Jud.	
II 13. NAME Thes. /Jaman	
14. BIRTHPLACE (city or town) Jung Many	Neme of operation Date of
(State or country) Recaller. Ind.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lina Wilmu	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sanay Managay (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Christishin Com. Dete Mrs. 26, 1930	
man Polarie la prilliana	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Many Waller	If so, specify 1-1-10-12-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
(Oc/26 86 715" Licks	(Signed) Af Copelors M.D.
20. FILE Registrar.	(Address) Oles Les forus Jag (4

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis July 5 1927 Peritonitis Cercbral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAL	N
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PHYSICIANS should state

stated EXACTLY.

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

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certificate.

See instructions on back of

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH	100	92-0
	County Kent		Registration Dist. No. 208
	Village or City Rock Hay		No. St. Ward
	Langth of residence in city or town whera death		death occurred in a hospital or institution, give its NAME instead of street and number)
	0, 1, 2.4	- 1/	ds. How long in U.S. If of foraign birth?yrsmosds.
2	P. FULL NAME CHALLES KOLL	er kerr	
	(a) Residence: No. KOCK	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH of 30 1936
5a.	If marriad, widowed, or divorced	- TOURCE	(Month) (Day) (Year)
	HUSBAND of Cor) WIFE of Marg. Ker	72	22. I HEREBY CERTIFY, That I attanded deceased from
6.	DATE OF BIRTH (month, day, and year)	16 1851	I last saw h alive on Oct 30 1956; death is said
7.	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3.40 P.m.
	85 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
z	8. Trade, profession, or particular	_/	Date of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	ured	Cause of Weller Genega Sypertrophy
	9. Industry or business in which work was done, as SILK MILL,		of prostate glanda cuta
ប្ដ	SAW MILL, BANK, etc	11. Total time (years)	Chronic endocarditise Duration: not stated.
0	this occupation (month and yaar)	spent in this occupation	Chronic myocardetis. Duration: not staleda.
	BIRTHPLACE (city or town) OCI	oint.	Other Contributory Causes of importance:
12.	(State or country)	Virgnu	throse ludo - king of ar deles
2	13. NAME George	Kerr-	- Guntally of Strate
FATHER	LA PIRTURE ACT (city or hours)	Aland	Name of operation
FA	14. BIRTHPLACE (city or town)		What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Mary	Rotter	23. If death was due to external causes (VIOL ENCE) fill in also the following:
01	16. BIRTHPLACE (city or town)		Accident, sulcida, or homicide? Date of injury, 19
Σ	(State or country)	That.	Whara did injury occur?
17.	INFORMANT Why Kerz (Addrass) Dwell H	701/	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	7/	Manner of Injury
	Placa // CARRY CMAJEL D	ate/111/ 2, 19.36	Natura of injury
19.	UNDERTAKER TIME H. TO	wol.	24. Was disaasa or injury In any way related to occupation of deceasad?
	(Addrass) Christofi	11111111111	If so, spacify
20.	FILED / 1036 / 1936 // M.	. J. B. Durdur	(Signed) Weeks 4: VMYMM M. D. (Address) Rock Hall lud.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arlerioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritisNOV 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
- COUNTY	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	UNFADING INK-TH	upplied. AGE should b	terms, so that it may	The state of the s
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	WITH UNFADING INK-TH	efully supplied. AGE should be	in plain terms, so that it may	Contract of the state of the st
	CY, WITH UNFADING INK-THI	carefully supplied. AGE should b	TH in plain terms, so that it may	Contains Charles and Aller
	MINLY, WITH UNFADING INK-THI	be carefully supplied. AGE should be	EATH in plain terms, so that it may	Continue Continue to the same of the same
	PLAINLY, WITH UNFADING INK-THI	ould be carefully supplied. AGE should be	F DEATH in plain terms, so that it may	A Company of the Comp
	TE PLAINLY, WITH UNFADING INK-THI	n should be carefully supplied. AGE should b	E OF DEATH in plain terms, so that it may	7
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TOTAL STATE OF THE

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

-0	0	.0	100	13
	U	4	1	82
- 3		-20	- 1	1

1. PLACE OF DEATH		(120)	
County Kent		Registrat	tion Dist. No. 203
Village or City Rock 1	Hall	No	St.,Ward
Langth of racidance in situ or town where		f death occurred in a hospital or institution, give its N.sds. How long in U.S. If of foreign birth	AME instead of street and number)
1/ . /0	s death occurredyrsmo:	sus. How long in 0.5.11 of foreign bifth	ryrsmosas.
2. FULL NAME SOLOHU	y dec	1.7	+
(a) Residence: No. 2des	(Usual place of abode)	St., Ward.	1/
PERSONAL AND STATIS		MEDICAL CERTIFICA	ATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	TE OF BEATH
lun. Col	OR DIVORCED (write the word)	bet bear	12 1936.
5a. If married, widowed, or divorced		(Month)	(Day) (Year)
HUSBAND of		22. HEREBY CERT	IFY, That I attended deceased from
(47) 1112 41			Oct 12 ,1936
6. DATE OF BIRTH (month, day, and year)	reb. 26,1934	I last saw hara alive on Och	/, 19.3 6 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	3.0 A.m.
2 7	2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	1
8. Trada, profession, or particular		Word as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	lone	Entero-Coliti	1 10/1/3
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc			
work was done, as SILK MILL, SAW MILL, BANK, etc	11 7-111	· Pur	
this occupation (month and year)	11. Total time (years) spant in this		
A /	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	ulle Ma		
(State or country) Kent	2		
13. NAME Joseph 14. BIRTHPLACE (city or town) Ba	deo		
14. BIRTHPLACE (city or town) LS a	Umore Md	Name of operation	Date of
(State of country)	10 1.1.	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME	le Wicks	23. If death was due to external causes (VIDLENC	E) fill in also the following:
15. MAIDEN NAME Myst 16. BIRTHPLACE (city or town)	ent, 60.	Accident, suicide, or homicide?	Date of injury, 19
(State or country)	mol.	Where did injury occur?	ty or town, county and State)
17. INFORMANT Mystle (Address)	Wiehl	Specify whether injury occurred in INDUSTRY, I	n HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	01.	Manner of Injury	
Placa Calearille	Date (JCV - 19,1936		
Dead C	a Walter		
19. UNDERTAKER (Address)	Te dia 1	24. Was disease or injury in any way related to o	ccupation of deceased/
11/10 0176	1192	(Signed) Whert Q.	Burgard M.D.
20. FILED - 1. 1. 190.6- //	NO f-10 & MANNER Registrar.	(Address) Rote	KHall bed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 400 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-	

V. S. No. 1 N. B.—V

STATE OF MARYLAND-CERTIFICATE OF DEATH

-0	0	A	my	7
1	U	生	-	4

1. PLACE OF DEATH	92.00
County Kent	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Thomas 6. Rolling (a) Residence: No. Lalena Marshand (Usual place of above)	St., Ward. If ponresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male S. SINGE, MARRIED, WIOOWED, OR DIVORCED (write the word) Carte of the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Oct- (Month) (Oay) (Year)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, Relative Farmer SAWYER, BOOKKEEPER, etc. Sawyer, business In which	1 HEREBY CERTIFY, That I ettended deceased from 1975. I last saw harmalive on 1975. I last saw harmalive on 1975. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows? Oate of onset
year) 12. BIRTHPLACE (city or town) (State or country) Occupation A George Occupation A G	Dther Contributory Causes of importance:
14. BIRTHPLACE (city or town) Doub ho (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Colquin 16. BIRTHPLACE (city or town) Decil Colourly Md, (State or country) 17. INFORMANT Decil Colourly Md, (Address)	23. If death wes due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Massey Md. Oate Oct 44 , 1936	Manner of Injury
19. UNDERTAKER John A Jobin & Somes of (Address) Millington Mil. 20. FILED Qt. 3:, 19. 36 Werritt Brice Septy Registrar.	If so, specify (Signed) (Address) (Address)

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Arteriosclerosis MEGEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 0 1936	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, \$411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

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Example I		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 3.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10479
1. PLACE OF DEATH	82:0/
County Seed	Registration Dist. No.
Village or City Calencer Carner	No Vorton RR # 2 St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 19 372	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME / Sporganna Staute	
(a) Residence: No. Coleman Carnel	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 13 (Month) (Day) (Year)
a. If married, widowed) or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Love 27 1867	
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 26 1 day, - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	John ala wal
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. laddstry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Toroleund K dalida 1932
10. Date deceased last worked et this occupation (month and et 22 spent in this year)	July Vilagni put
(Palesser Quest)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) 1 (State or country) South On miles	6 9 9
	/ commence / an
13. NAME Africa Africa Africa 14. BJRTHPLACE (city or town) Africages	
14. BJRTHPLACE (city or town) Left lille gue	Name of operation
State of country) School Kell Country	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME May fella Shilim	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME May felfa Wilson	Accident, suicide, or homicide? Date of injury, 19
(State or country) Sent to med	Where did injury occur?
7. INFORMANT Sobert G. Spate (Address) World A 2 2001	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colemans 2 d Date Cel 2 6, 1936	Nature of Injury
9. UNDERTAKER BRITORIOS (Address) Lill Coul may	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Cotte , 1936 Mile Cach. Registrar.	(Signed) raud / - Smile Money

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Tuly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No. 1

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Example I		1	Example II	7 715
The principal cause of death and re of importance were as follows:	ated causes Date of o	onset T	The principal cause of death and related causes f importance were as follows:	Date of onset
Arteriosclerosis	1936 191	5 A	ttack of epilepsy	1 week ago
Chronic interstitial nephritis NOV	192	1 R	Run over by street car	1 week ago
Cerebral hemorrhage	V. S. July 5,	1927 P	Peritonitis	3 days ago
Box				
Other contributory causes of importance:		0	Other contributory causes of importance:	
Gallstones		1923 G	lastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

See instructions on back of certificate.

AGE should be stated EXACTLY.

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.-

TION is very important.

PHYSICIANS should state

1	. PLACE OF DE	ATH	1,11,11			10481
	County / Cl	nt			Registration Dist. No. 22	12
	Village or City	Loctor	~		No. St.	Ward
	Length of residence in	n city or town where	death occurred	(If	death occurred in a hospital or institution, give its NAME instead of street and	
		51/	death occurred	1 7/		
	. FULL NAME.		Mam		ech If U. S. Veteran, specify WAR	
	(a) Residence: No	•	(Usual place o	f abode)	St., Ward. If nonresident give city or town an	d State
	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. CO	LOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH QUEL-21 - 1986 (Month) (Ogy)	(Year)
5a.	If married, widowed, or of HUSBANO of (or) WIFE of	divorced			22. I HEREBY CERTIFY, That I attended	
		(1)	20120	0 3 6	, 19, to	
_	DATE OF BIRTH (month, AGE Yeers	day, and year) Months	Oays	I If LESS than	I last saw h alive on	; deeth is said
•	0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
_	8. Trade, profession, o	1		ormin.	were as follows:	Date of onset
O	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				Trill Born	
OCCUPATION	9. Industry or business in which work was done, es SILK MILL,				Cause unknown	
S	SAW MILL, BANK, etc			no (vonce)		-
ŏ	this occupation (month and	spen	t in this pation		
		71	lan/		Other Contributory Causes of Importance:	
12.	(State or country)	wn)				
2	13. NAME Fra	nk HE	lak			
FATHER	2 Classification			me Com	Neme of operation Date of _	
FA	14. BIRTHPLACE (city or town) — XIIII — WMM (1974) (State or country)			7	What test confirmed diagnosis? Was there en	
ER	15. MAIDEN NAME Graseltheat			1	23. If death wes due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city o	r town) / Ce	nt Ci	my	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or countr		1		Where did injury occur?	
17.	(Address)	Wrong.	Elch		(Specify city or town, county and St. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL				1 04 01	Manner of Injury	
	Place OU OS	mas	Oate Oll	-22,1936	Nature of injury	
19. UNDERTAKER T's zonk Welsh					24. Was disease or injury In any way releted to occupation of deceesed?	
	(Address) Zu	Contin	n m	d	If so, specify	
20	FILED Oct 2	2, 19.34 2L	I DY	CHS Registrar.	(Signed) A Summons (Address) heaterlows	M. D.
-			The second second second			

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	1
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	145		



